

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
091890990	
APPLICANT(S)	

6/12/05

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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16						
17						
18						
19						
20						
21			1			
22			—			
23			1			
24			—			
25			—			
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			16			
TOTAL CLAIMS			15			

	*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						